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DATE: Thursday, June 17, 2004 [Printable Copy](#) [Create Case](#)

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<i>DB=PGPB,USPT,USOC,EPAB,JPAB,DWPI,TDBD; PLUR=YES; OP=ADJ</i>		
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<u>L6</u> L5 and (input\$3 or enter\$3) same data same (customer\$ or client\$)	41	<u>L6</u>
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<u>L3</u> L1 and (stor\$ or repositor\$3) same (data or information) same (customer\$ or merchant\$)	22	<u>L3</u>
<u>L2</u> L1 same (stor\$ or repositor\$3) same (data or information)	12	<u>L2</u>
<u>L1</u> (issu\$3 or evaluat\$3) same (assurance or insurance) same underwrit\$3 same (process\$3 or cpu or microcomput\$3 or microprocess\$3)	108	<u>L1</u>

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L12: Entry 1 of 1

File: USPT

May 16, 1989

DOCUMENT-IDENTIFIER: US 4831526 A

TITLE: Computerized insurance premium quote request and policy issuance system

Brief Summary Text (3):

Prior to the invention described below, insurance underwriting has been conducted primarily by manually reviewing and evaluating voluminous and often redundant client information and application forms. These forms are normally supplied by each insurance company to individual agents in the field and must be updated and/or replaced periodically in response to changes in individual company's standards or legislative enactments in the state in which the insured risk resides. Typically, each insurance transaction, application, or request for information requires a separate document to be filled out by the client and/or agent. Due to the general nature of these forms, much of the information entered by the client or the agent is redundant and serves only to contribute to the tremendous volume of paper which must be transmitted and reviewed in order to create an average insurance policy. When changes and supplements to information previously given by the client are necessary, even more forms and duplicate information are generated, which further contribute to the mass of information previously submitted. This is because, in order to transmit new information to the proper file, these change or supplement forms require the entry of client and/or risk information previously submitted on application forms already in the client's file.

Brief Summary Text (4):

This system as it now exists is inefficient and time consuming for the client, the agent and the underwriter. It is especially time consuming for the underwriter because of the volumes of forms and information that must be reviewed for errors, non sequiturs, insufficient and/or incomplete information regarding the client or the risk to be insured. If any of these deficiencies are identified, the underwriter must draft and send correspondence to the agent or the client in order to correct, clarify or supplement the underwriter files. Once the files have been placed in proper order, the specific client and risk information are manually combined into a policy which then is submitted to the individual client for his review and approval.

Brief Summary Text (6):

The Insurance Institute for research (IIR) has proposed a common application form for each type of personal insurance, in an attempt to overcome some of the difficulties inherent in current insurance underwriting methods. These forms theoretically could be recorded in the memory system of an agent's personal computer so that they could be filled out electronically and the data sent to an insurance carrier in a "batch" environment. As used herein, the expression "batch" means a plurality of separate insurance transactions and/or information entered during a single operation of a terminal. The basic thrust of the IIR has been the creation of standardized application forms and records which can be used with any insurance carrier and which can be sent to a carrier in a batch input record. This proposal, however, still suffers from the same problems as those encountered previously. For example, the application forms of the IIR system require the entry of client and risk identification information each time an application form is

filled out; and these application forms must still be edited and reviewed by the underwriter who must continue to conduct the aforementioned error analysis as well as the insufficient or incorrect data analysis mentioned above.

Brief Summary Text (23):

In most instances, concurrently with the writing and mailing of the insurance contract to the client, the information included in the original application is electronically stored and displayed, on request to underwriter personnel. Should the underwriter decide not to proceed with the insurance, it is cancelled. Alternatively, should the underwriter decide to make variations, he may do so electronically, and these variations appear in a subsequently printed and mailed policy. Before actually proceeding with the printing of the insurance contract, data included in the insurance application is electronically and automatically compared to certain underwriting criteria and if any of these standards is exceeded, the aforementioned underwriting function is carried out before the insurance contract is printed and mailed. That is, in the first-mentioned case, underwriting is carried out concurrently with the issuance of the policy. In the second-mentioned case, a "pre-underwriting" operation is carried out before the policy is mailed; this pre-underwriting step being triggered by certain data that exceed the insurance company standards.

Drawing Description Text (11):

FIG. 9 is a menu displayed to an underwriter in order to institute underwriting activity;

Detailed Description Text (4):

The first function, termed the input function, generally is the entry point for the overall system. Prior to entry into the system, however, certain preliminaries must be accomplished. The source of most insurance information requests comes from agents, either by telephone, mail or agency-company communications, or from company-generated mailings. The initial processing of these requests generally consists of: manually stamping submitted client application documents with the date received and checking for return name and address; entering applications and assigning client numbers, as well as checking for existing client numbers; reviewing the submitted documents for minimal information which must be provided in order to initiate processing by the system; and collecting certain statistics such as dates, types of business, sources of business, and pre-underwriting criteria for use in reviewing system output. These preliminary steps, although advantageous with this embodiment of the invention, are not necessary to use the system to its best advantage.

Detailed Description Text (6):

Once the user has entered his access password and it has been verified by the system, he then chooses the type of transaction which he wishes to carry out. There are two basic types of transactions: one which is multi-client related, such as a review of all items which have been entered and stored over a designated period, for example two weeks; and one which is single-client related, such as the entry of a premium quote request or policy request. For single-client related functions, the client must be identified to the system and in the case of existing clients or new clients with incomplete information, data must be entered or ceded from available files in the central processor data bank. In this embodiment of the present invention there are provided five files into which data is entered and from which data is taken. These files include a prospect file which contains premium quotations that have been previously offered and/or refused by a client. The prospect file also contains current client information for the purpose of writing additional coverages. A suspense or storage file is provided for general underwriting purposes to maintain reports (such as motor vehicle reports or inspection data), binder, mail, high authority approval, diary, rate hold, early submissions and errors. This file also includes premium quotations which are awaiting client approval to finalize the insurance contract. The data bank also is

provided with a file which provides a facility for electronic documentation (and storage if necessary) of individual policies. An inquiry file provides a facility to review current policy information, premium quotations, and work in process. Finally, there is provided a client file which is used to identify individual clients. This file normally contains all data available on the client. This data is provided either by ceding available client information from existing files or inputting mandatory client information such as client name (last, first), client address (street, city, state, zip code) and identifying number of the originator of the insurance, for example, the agent or broker (this is the access number provided by the company for accessing the system).

Detailed Description Text (8):

The provision of the electronic input function allows a company to speed the turn around time from the time an application is received until the time it is written or declined. Further it allows the company to track applications from the time of entry through final processing to facilitate follow ups where necessary. Also, the input function allows a company to scan input information and stored data to collect statistics which help determine whether the criteria for sending applications to underwriting are realistic.

Detailed Description Text (11):

The third function provided by this embodiment of the computerized insurance system is entitled the underwriting approval function. In general, all policy requests must be approved by the underwriter. In many cases insurance policies do not have to be approved before they are issued, but can be issued and underwritten concurrently. Underwriting usually requires the entry and editing of entered information for integrity and completeness, the ceding from the data file of information which is not provided on the submitted application as well as certain characteristics of the risk to be insured which are entered into the data bank, the checking of the suspense file to determine if there are any motor vehicle reports and/or inspections outstanding (if not, and there is sufficient information entered, such reports are ordered from the appropriate state agency by the underwriter), and displaying the client's quotation request for criteria that might require pre-underwriting instead of concurrent underwriting. Insurance policies that require pre-underwriting include requests that require advice from other underwriting branches because of an out-of-state location or requests that include risks which must be approved because they exceed an underwriter's authorized limit. If pre-underwriting is required, the request for an insurance policy is suspended before being forwarded to underwriting.

Detailed Description Text (12):

It will be apparent to one skilled in the art of insurance underwriting that certain criteria and particular limitations may be chosen by the individual underwriters as lines of demarcation for risks which may be concurrently underwritten and risks which require underwriter approval prior to issuance of the policy. Examples of such limitations or lines of demarcation include requests wherein the named insured differs from the individual's and/or spouse's name, where more than five automobiles are requested on an automobile or excess liability policy, where \$400,000 or more coverage is requested on a dwelling for a home owner policy, or \$100,000 or more coverage is requested for jewelry on a "personal articles floater (PAF) policy or where a single scheduled jewelry item on such a PAF is insured for \$50,000 or more, etc.

Detailed Description Text (13):

The benefits of the underwriting approval function include allowing an underwriter to be advised of those risks which need approval while allowing all other risks to be concurrently processed by the system.

Detailed Description Text (15):

The fifth function provided in this system is termed the underwriting notification

function and is provided by an underwriting data base (within the central processing data base) capable of storing client and risk information on current policies as well as underwritten business. This underwriting data base is used to facilitate risk evaluation and underwriter action. The data base is comprised of fourteen components including:

Detailed Description Text (16):

(1) A decline/cancellation file which contains basic policy information on risks declined or cancelled based upon underwriting criteria and/or risks cancelled at the insured's request.

Detailed Description Text (18):

(3) A suspense file (the same file as discussed above with regard to the input function) which is a general underwriting suspense file for reports, binders, mail, higher authority approval and diary information. This file is provided in the event that the underwriter may require further information about a risk after the policy had been issued but before giving final approval. In that case the items will be suspended for post-issuance underwriting.

Detailed Description Text (19):

(4) A premium modification file to permit changes to a premium. By utilizing this file, existing premium rates are adjusted up or down by a percentage determined by the underwriter. This file represents the criteria and technique for premium adjustments and is submitted to state insurance authorities and will provide the underwriter with a format to adjust rates on the policy either prior to issuance or by endorsement.

Detailed Description Text (21):

(6) A loss information directory, which notifies the appropriate underwriter of the occurrence of a loss, utilizes a loss data base within the central data base. There is also provided a directory for the claims department of a typical insurance company to notify the appropriate underwriter of an unusual loss when it occurs.

Detailed Description Text (22):

(7) Manual ordering of reports components which allow the "off-cycle" report ordering by underwriters at their discretion. In this context "off-cycle" refers to soliciting documents and reports such as appraisals or MVR reports manually outside the scope of the system.

Detailed Description Text (23):

(8) An underwriter approval directory wherein the underwriter may approve concurrent and non-concurrent transactions. For non-concurrent (pre-underwritten) transactions, exception explanations are required and approval "triggers" issuance or endorsements.

Detailed Description Text (24):

(9) A cancellation capability wherein an underwriter may execute cancellation transactions which, in the prior art were performed by a separate branch of the insurance company on instructions of the underwriter. In the present system, all policy requests which are not approved by the underwriter are either declined or canceled depending upon whether or not those policies have been issued. If the request requires pre-underwriting or has not yet been issued, the underwriter may decline all or part of the risk. If so, the declination and its reasons are entered in the declined file. If, on the other hand the policy was issued, the underwriter may decline a risk by requesting cancellation. This information also is entered in the declined file. In addition, the prospect file is updated to reflect any risk that has been declined.

Detailed Description Text (25):

(10) A non-renewal file for streamlining non-renewal. Currently, an underwriter

initiates non-renewal by completing an "Underwriter Action Entry Form" (UAEF). As a result, a policy otherwise in condition for renewal is not renewed, and the reasons and numbers of policies not to be renewed are entered on a "DO NOT RENEW" (DNR) control list. From this list, the "operations" department of a typical insurance company types up and mails appropriate non-renewal notifications to the insureds. The present system allows direct entry by an underwriter of the DNR order, thus eliminating the need for completion of the UAEF form and the requirement that it be entered by the operations department. It is, however, preferred to produce a DNR control list for management and quality control review.

Detailed Description Text (26):

(11) A reinstatement file which operates in a manner similar to the cancellation method set out above and which allows the underwriter to approve and directly enter input reinstatement orders to the system for processing without requiring that those orders first be forwarded to operations for input.

Detailed Description Text (28):

(13) A contract modifications file which permits an underwriter to modify a policy through manuscript endorsement on the policy itself and/or separate endorsement.

Detailed Description Text (29):

(14) A self-audit file which allows access to data within the central processing data bank for the purpose of evaluating underwriter/department judgment and/or results.

Detailed Description Text (30):

The benefits of this elaborate underwriting notification function are that it eliminates the requirement for manually preparing and maintaining Decline/Cancellation Files, Prospect Files, and Suspense File Report ordering, as has heretofore been necessary. It further reduces Cancellation, Non-renewal and Reinstatement procedures to a single ste which improves efficiency and service. Also, this function simplifies Premium Modification and the Consent to Rate Change for the underwriter while, at the same time, providing management reports regarding underwriter/branch performance.

Detailed Description Text (32):

Since it is possible for more than one quotation to exist on a given policy, it is necessary that the accepted quotation be indicated. A suspense file is created for those quotations which are pending approval by the insured, thus notifying the underwriter that a quotation was given. (The function of this file may be combined with that of the prospect file.) Once the quotation has been accepted by the insured it of course is stored as an integral portion of the policy. Preferably, those quotations which have not been accepted may be stored for a designated period subsequent to the issuance of the policy, for example, 30 days. After the policy has been issued, pending quotations are purged.

Detailed Description Text (34):

The seventh function provided by this system is designed to carry out follow-up procedures related to policies. These procedures are provided as a combination of manual and electronic functions. The manual functions include the mailing or transmission of policies, endorsements, cancel/reinstatement notices, DNR notices, motor vehicle reports (MVR), inspections, etc. The electronic functions include electronic mail, links between underwriting and other operations, suspense follow-up, premium reporting and direct billing.

Detailed Description Text (35):

The eighth function provided by this system relates to the changing of rate filings and rules. In order to insure the continued profitability and efficiency of insurance underwriting, the system responds quickly to rate and rule changes.

Detailed Description Text (38):

The central processor 23 is also coupled to various other remote terminals for use by other insurance company departments such as operations 25 or underwriting 27. These terminals are also equipped with keyboards to allow communications with the central processor 23 and to permit referrals between terminals e. g., a particular request 24 once acted upon by the operations department 25 may be referred, at 26 to underwriting department 27 for approval directly through the data base. Statistical and quality control information may also be extracted from the data base within the central processor by those having authorized access to the necessary data base (not shown).

Detailed Description Text (39):

The central processor 23 is provided with storage capacity to obtain and review the laws and regulations of various state agencies having governmental control over insurance transactions. Such laws and regulations, as mentioned above, control policy minimums, limits, etc., and, of course, are of particular interest to agents and underwriters in the various states. Further, as these laws and regulations change, users of this system are promptly apprised of such changes.

Detailed Description Text (41):

Another advantageous feature of the present invention, as discussed in greater detail below, is that the various insurance transactions, and the operations and underwriting functions used to carry out those transactions, are "menu-driven". That is, the central processor is programmed to display on the VDT, a "menu" of all insurance functions that may be carried out by the user. This central processor is programmed to provide, upon the selection by the user of a particular one of those insurance functions, further display of a "sub-menu" of those selectable functions or transactions which fall within the scope of the transaction selected from the initial, or "main menu". The "display screen" of the main menu for the agent, operations and underwriting functions are illustrated in FIGS. 7-9 respectively.

Detailed Description Text (44):

Beginning at the top of FIG. 2, a user signs on at 40, by entering his name and/or his authorization code number at a terminal which communicates with the central processor. This entered information is checked at 42 to determine whether or not the user is authorized to enter the system. If the user is not authorized to enter, the system rejects his entry, at 44. If authorization is verified, the central processor determines, at 46, which level of authority to which the user is entitled. In this embodiment of the present system, three (3) levels of authority are selectively available to a user: the operations level 48, the underwriter level 50, and the agent level 52. The agent level 52 also is accessible by systems troubleshooters and engineers. If the operations level 48 is accessed, an operations decision step 54 is executed to determine precisely what function is to be carried out. These functions are discussed in greater detail below and are indicated generally at 55. If the user accesses underwriter level 50, there is provided an underwriting decision step 56 to determine the underwriting function to be provided. This underwriting function is also detailed below and indicated generally at 57.

Detailed Description Text (48):

Once the system has generated a policy which is accepted at 82, the system proceeds to the issue step 90 wherein the contract components are customized, at 92, according to the individual risk and/or client information; and the overall policy is reviewed for underwriting, at 94. Test 96 evaluates the customized contract for the presence of predetermined characteristics which indicate the need for further approval. If any of these predetermined criteria are present, the policy data is sent to the underwriter for modification, approval and/or refusal, as at 98. This evaluation by the underwriter is indicated generally at 100 and is discussed in greater detail below. Should the policy not need further approval, it is sent to a batch system 102 for printing and for determining, at 106, what further documents

are necessary to prepare or obtain in conjunction with the contract. Examples of such documents are premium reports, MVR reports, appraisals, quality control and/or bills or countersigning. This process is indicated generally at 104 and discussed in greater detail below. Once the system has proceeded past this point, underwriter approval is granted at 108.

Detailed Description Text (49):

FIG. 2C shows a detailed schematic flow chart of the underwriting function referred to at 57 in FIG. 2A. Entry to this portion of the system is similar to entry into the agent's level in that a user signs on and the menu for underwriting 50, which contains a list of the underwriting functions available, is displayed. Once this display is complete, an "in-box" containing work to be performed is displayed, at 110. The underwriter evaluates, at 112, the work to be done and scrutinizes the displayed reasons for which the item of work was submitted to the underwriter. These reasons and the policy inquiry 116 are evaluated and the underwriter determines at 118 if the policy can be authorized at this level. If the policy cannot be authorized at this level it is sent to a higher underwriting authority 120 wherein a similar series of steps 122 are performed. If, however, the underwriter at the first level of authority can make a decision, at 120, he will do so. If he chooses to decline the policy, the information therein is delegated to the "dead risk" file, at 126, where it is stored for later statistical analysis. If he chooses to accept the policy, it will be issued and communicated to a batch system 128.

Detailed Description Text (50):

FIG. 2D is a detailed flow diagram of the functions performed by the operations level indicated generally at 55 of FIG. 2A and discussed above. Entry into the operations level is accomplished in the same manner as that of the underwriting level. Upon entry into the operations level the menu for operations is generated at 48 and the operation functions are chosen at 54. The user then reviews the work to do, which is displayed in an "in-box" 130, and he reviews the specific error listing, at 132. Where possible, the operator contacts the agent for clarification of the information submitted or for missing information necessary to process the request, as indicated at 134. If this information is available from the agent the operator edits that information and enters it into the central processor data bank, at 136.

Detailed Description Text (52):

FIGS. 2E-2F show a detailed flow chart of the communication to batch function disclosed generally at 104 of FIG. 2B. Once the policy has reached this point in processing, it has been approved by the client and further approved by the underwriter and is prepared for printing and mailing to the client. In step 148 the policy is taken from the issue step 106 and run through a series of processing inquiries 150-168. The first of these inquiries determines if further processing is necessary based upon certain predetermined characteristics which would require that the policy be processed out-of-sequence. Such characteristics include the presence of a cancellation notice, a nonpayment of premium notice, or failure to pay an installment charge. It will be readily apparent to one of ordinary skill in this art that these criteria could be varied from system to system to suit the company's needs. If no further processing is necessary, the system determines, at 154, if an MVR is necessary. If so, a report is ordered at 156 (for motor vehicle policies only). If no MVR report is required, the system determines at 158 whether or not an appraisal is necessary (for personal articles coverage or home policies). If so, the appraisal is ordered at 160. If no appraisal is necessary the system determines at 162 whether or not certain statistics required by state government are necessary. If these statistics are necessary a statistical report is processed at 164. If no statistical report is required, the system determines at 166 whether or not a quality control update is necessary. If such a report is required, an update is provided to the quality control file at 168. If not, the command is given to produce the contract policy 170. This command further generates the approval to

produce documents necessary to the contract policy such as coverage summaries, rate sheets, mortgage notices, countersigning notices, state notices, and the like.

Detailed Description Text (58):

If the agent does not select the "action delete" function, an add or update operation is executed. The system determines whether or not a further home is to be added to the policy by generating request 226. If the response to this request is affirmative the system automatically sets the data base fields concerning the new home to (0) and presents an appropriate screen to the agent requesting entry of the necessary information. The fields necessary to write the policy on the new home are highlighted, at 228, and the system then proceeds to edit step 234.

Detailed Description Text (62):

A user of the system enters the system in the same method as described above and, in response, the system generates an action request 288, for example, "delete?" wherein coverage or risks, for example, may be deleted. If the user responds in the affirmative, a new request is generated inquiring if a quotation of new business is requested. If this inquiry 290 is answered in the affirmative, the system at 292 automatically deletes the existing automobile from the insurance policy, and proceeds to step 294. If the response to inquiry 290 is negative, the system generates a screen containing all data on the automobile to be deleted and calculates, at 296, any return of premium required. The system then proceeds to step 298.

Detailed Description Text (73):

FIG. 10B is the next screen to appear in response to the information entered on the screen shown in FIG. 10A. This screen appears with all "Y/N" (or yes/no) fields set to "N" except the last field 386 which is set to "Y." The particular information fields which are highlighted on this screen are indicated at 364-386 and are displayed for confirmation or entry by the agent. The "date received" field 368 and "date requested" field 370 are automatically set to the current date and the "writing company" field 378 is automatically set to "Federal" since this is the most commonly used entry in insurance writing by the assignee of the present invention. These entries are not fixed, however, and can be changed by the agent. Under the "coverages requested" field, the agent indicates what type of insurance coverage his client wishes. (In this case, the "homes/contents" and "valuable articles" are indicated in the affirmative.) The effective date of the policy is also indicated at 374 and the expiration date is generated to be a predetermined amount of time after the effective date shown at 376. The "producer number" field 380 is highlighted to allow for agent identification and quality control. The "agency bill" field 382 is highlighted to indicate whether the agent will bill the client or, in the alternative, if the company should bill the client directly. The final two fields (the mailing instructions field 384 and the field indicating whether or not the policy is written in the name of an individual) are necessary items in compiling the final policy. The coverages requested at 372 are used to determine the sequence of screens that appear next and also affect the highlighting on later screen. More specifically, any information entered at this stage which might appear on a later screen is picked up and inserted into the latter screen without requiring a second manual entry by the agent.

Detailed Description Text (79):

Once all of this data has been entered by the agent and edited and evaluated by the system, the premium quotation is calculated and presented to the agent and/or client in the policy premium summary screen shown at FIG. 10G. This premium summary is itemized and is presented adjacent to the risk shown at 424. If the client approves the policy and the premium, the selection mode "issue" is entered by the agent and, assuming that the policy did not contain any predetermined criteria requiring non-concurrent underwriting, the screen shown in FIG. 10H is generated indicating that the policy has been issued as requested. Had the information entered contained predetermined parameters indicating that the risk was non-

concurrent, the message "your policy has been sent to underwriting for review" would appear.

Detailed Description Text (84):

The entered driver information is confirmed by the agent and is stored. The system then generates the screen requesting information regarding the vehicle. This screen is shown in FIG. 11D. On that screen, data fields indicated at 450-482 are highlighted either for entry or for confirmation by the agent. If, in the alternative, the client requests an excess-only policy, only data fields directed to vehicle year, make, model and type code are highlighted. A unique feature of this system is that some of the information requested in the data fields is generated from information previously entered either in the client or policy data bases. (One example of this utility is that the average retail cost of the vehicle can be determined from stored look-up tables and inserted if, at any point, the VIN/serial number of the vehicle to be insured has been entered into the data base. If that information is not available, however, it can be input at the time of the request for quotation. As described above, all "Y/N" fields are set to "N" and the agent selects the appropriate responses. The data fields requesting the garage location 472, county, state, zip code, territory and city/county codes, are automatically ceded from the primary residence location indicated in the existing policy. This information can be altered where necessary by the agent. Once this information has been entered, an edit and error analysis step is conducted and additional fields may be highlighted for the entry of additional information depending upon the data that already has been entered. Should more information be required, particular information fields are highlighted and an error message is returned to the screen. A sample of this type of message is shown in FIG. 11E. In this case, the vehicle entered is to be registered in a state which has imposed state-mandated coverages such as uninsured motorist or no-fault coverage. This screen is designed as a flag to indicate to the agent that additional coverage must be written in order to satisfy state requirements.

Detailed Description Paragraph Table (1):

	PROCESSING CLERK	UNDERWRITER	AGENT
quote quote quote process:	inquiry;	process;	new line inforce
quotes endorsement cancellation losses	cancellation	renewal	conversion prospect
renewal conversion reinstatement in process	inquiry;	inquiry;	billing inforce
inforce reports losses losses	<u>underwriting</u> ;	prospect	prospect approve in process in
process decline billing billing	suspend/release	reports	reports (with notes
electronic mail authority)	order reports	modification	(contract/premium)
cancellation reinstatement electronic mail			

CLAIMS:

2. A computerized insurance system as in claim 1 which further comprises underwriter review means for electronic video display to the underwriter of risk and client information that has been written into said data bank and including manually operable means for approving, modifying and/or disproving requested insurance contacts.

14. a computerized insurance system as in claim 8 which further comprises means for providing electronic video display of the insurance contract documents for final approval, modification and/or disapproval by an underwriter.

15. A computerized insurance system as in claim 14 which further comprises keyboard means for communicating with said processing means, said keyboard means being operable by said underwriter to approve, modify or disapprove said insurance contract documents.

18. A method as in claim 17, further comprising the steps of:

electronically displaying said insurance contract documents to an underwriter for approval, modification and/or disapproval;

transmitting data representing approval, modification and/or disapproval to said data bank to store approval, modification and/or disapproval of said documents; and

electronically indicating the approval, modification and/or disapproval of said documents.

22. A computerized insurance system as in claim 21 which further comprises underwriter review means for displaying risk and client information that has been written into said data bank and including manually operable means for approving, modifying and/or disproving requested insurance contracts.

23. A computerized insurance system for preparing and processing applications for insurance and premium quotations, and for preparing and writing insurance contracts requested by clients, said system comprising:

processing means, including an interactive data bank into which data is written and from which data is read, said data bank storing information regarding a risk to be insured, client information, insurance premium information and the full text of all contract provisions

terminal means for interactively communicating on-line with said processing means and accessible by an operator to produce requests and to enter information and/or retrieve information for writing into and/or reading from said interactive data bank;

display means for displaying information that is entered and retrieved;

means for automatically detecting certain predetermined criteria relating to the insured risk to trigger underwriter review only if those criteria are met

merging means included in said processing means for reading out from said data bank selected client information and only the text data of the those contract provisions which apply to a particular contract and merging said read out client information and said read out particularized text data to compile final insurance contract documents tailored to each client; and

print means coupled to said merging means for printing said final insurance contracts:

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Fwd Refs

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Search Results - Record(s) 1 through 11 of 11 returned.☐ 1. Document ID: US 20040015422 A1**Using default format because multiple data bases are involved.**

L7: Entry 1 of 11

File: PGPB

Jan 22, 2004

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White, Hugh W	North Manchester	IN	US	

US-CL-CURRENT: 705/34

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWC	Draw. D
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☐ 2. Document ID: US 20020188484 A1

L7: Entry 2 of 11

File: PGPB

Dec 12, 2002

PGPUB-DOCUMENT-NUMBER: 20020188484

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20020188484 A1

TITLE: Method and system for furnishing an on-line quote for an insurance product

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWC	Draw. D
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☐ 3. Document ID: US 20020156656 A1

L7: Entry 3 of 11

File: PGPB

Oct 24, 2002

PGPUB-DOCUMENT-NUMBER: 20020156656
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20020156656 A1

TITLE: Method for selling marine cargo insurance in a network environment

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. De
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☐ 4. Document ID: US 20020120476 A1

L7: Entry 4 of 11

File: PGPB

Aug 29, 2002

PGPUB-DOCUMENT-NUMBER: 20020120476
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20020120476 A1

TITLE: System and method of dispensing insurance through a computer network

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. De
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☐ 5. Document ID: US 20020120474 A1

L7: Entry 5 of 11

File: PGPB

Aug 29, 2002

PGPUB-DOCUMENT-NUMBER: 20020120474
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20020120474 A1

TITLE: Automated insurance policy application

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. De
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☐ 6. Document ID: US 20020116231 A1

L7: Entry 6 of 11

File: PGPB

Aug 22, 2002

PGPUB-DOCUMENT-NUMBER: 20020116231
PGPUB-FILING-TYPE: new
DOCUMENT-IDENTIFIER: US 20020116231 A1

TITLE: Selling insurance over a networked system

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWIC	Draw. De
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☐ 7. Document ID: US 20020111835 A1

L7: Entry 7 of 11

File: PGPB

Aug 15, 2002

PGPUB-DOCUMENT-NUMBER: 20020111835
PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20020111835 A1

TITLE: Underwriting insurance

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWMC	Draw. De
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☐ 8. Document ID: US 20020103680 A1

L7: Entry 8 of 11

File: PGPB

Aug 1, 2002

PGPUB-DOCUMENT-NUMBER: 20020103680

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20020103680 A1

TITLE: Systems, methods and computer program products for managing employee benefits

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWMC	Draw. De
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☐ 9. Document ID: US 20020091991 A1

L7: Entry 9 of 11

File: PGPB

Jul 11, 2002

PGPUB-DOCUMENT-NUMBER: 20020091991

PGPUB-FILING-TYPE: new

DOCUMENT-IDENTIFIER: US 20020091991 A1

TITLE: Unified real-time microprocessor computer

Full	Title	Citation	Front	Review	Classification	Date	Reference	Sequences	Attachments	Claims	KWMC	Draw. De
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☐ 10. Document ID: US 5191522 A

L7: Entry 10 of 11

File: USPT

Mar 2, 1993

US-PAT-NO: 5191522

DOCUMENT-IDENTIFIER: US 5191522 A

TITLE: Integrated group insurance information processing and reporting system based upon an enterprise-wide data structure

Full	Title	Citation	Front	Review	Classification	Date	Reference			Claims	KWMC	Draw. De
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☐ 11. Document ID: US 4837693 A

L7: Entry 11 of 11

File: USPT

Jun 6, 1989

US-PAT-NO: 4837693

DOCUMENT-IDENTIFIER: US 4837693 A

**** See image for Certificate of Correction ****

TITLE: Method and apparatus for facilitating operation of an insurance plan

Full	Title	Citation	Front	Review	Classification	Date	Reference				Claims	KMC	Draw De
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Clear	Generate Collection	Print	Fwd Refs	Bkwd Refs	Generate OACS
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Terms	Documents
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